

CLAIMS ONLY

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
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45						
46						
47						
48						
49						
50						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS	74					

	*	*	*	*
	IND.	DEP.	IND.	DEP.
51				
52				
53				
54				
55				
56				
57				
58				
59				
60				
61				
62				
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74				
75				
76				
77				
78				
79				
80	BEST AVAILABLE COPY			
81				
82				
83				
84				
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86				
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88				
89				
90				
91				
92				
93				
94				
95				
96				
97				
98				
99				
100				
TOTAL IND.		↓		↓
TOTAL DEP.		↓		↓
TOTAL CLAIMS				

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS